

DISABILITY MANAGEMENT – REQUEST FOR SERVICE FORM

Total Compensation Department, Disability Management Unit

Return form to: Disability Management, 301 West Jefferson St., Suite 160, Phoenix, AZ 85003. Fax 602/506-8574

Questions? Call 602/506-1010, press 1, at next option press 5, and then press 2

Employee Name

Low Org

Emp ID

Position

Date of Hire

Home Address

Home Phone

Department

Work Phone

Supervisor

Phone

HR Liaison

Phone

Nature of Injury/Illness/Disability: (Check all that may apply)

ADA
STD

FMLA
LTD

Transitional Duty
Case Mgmt Mental Health

Safety Issue
Work Fitness Exam

Case History:

Currently on Transitional Duty?

Off work?

Dates

Current Work Restrictions

Expected Duration of Restrictions

*FMLA letter sent? On FMLA?

Other Leave?

Dates

Current Work Modifications?

Currently Treating with Dr?

*Documentation from Dr?

Requests Made: (by Employee)

ADA Accommodation wanted?

*Form filled out?

Other request

Explain:

Additional Concerns:

General Info:

*Please attach copies of Essential Job Functions, FMLA letters, Documentation from Doctors, and any other information relating to this situation.

Person filling out form _____ Date _____